



TRANSMITTAL FORM

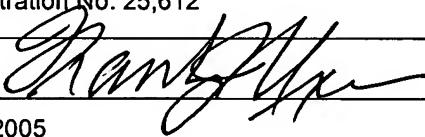
(to be used for all correspondence after initial filing)

		Application Number	10/008,722
		Filing Date	12/6/2001
		First Named Inventor	AOKI
		Group Art Unit	1654
		Examiner Name	GUPTA, A.
Total Number of Pages in This Submission	17	Attorney Docket Number	16952CON1DIV5CIP D-2851CON1DIV5CIP

ENCLOSURES (check all that apply)

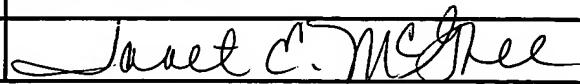
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<div style="border: 1px solid black; padding: 5px; text-align: center;">Request for Continued Examination (RCE)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

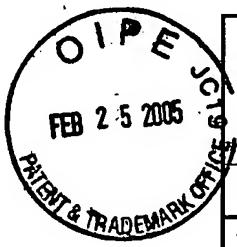
Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	2/22/2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	JANET E. MCGHEE		
Signature		Date	2/22/2005

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FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/008,722
		Filing Date	12/6/2001
		First Named Inventor	AOKI
		Examiner Name	GUPTA, A.
		Art Unit	1654
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		16952CON1DIV5CIP	
TOTAL AMOUNT OF PAYMENT		(\$) 1240.00	
		Attorney Docket No. D-2851CON1DIV5CIP	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 01-0885 Deposit Account Name FRANK J. UXA

For the above-identified depositi account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) associated with this communication

Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each Independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple Dependent Claims

Multiple Dependent Claims				300	150
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
19	-20 or HP =	0	x	0	
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
4	-3 or HP =	0	x	0	

HP = highest number of independent claims paid for, if greater than 3

Subtotal (2) 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50 =	(round up to a whole number)	x	=

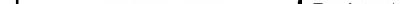
4. OTHER FEE(S)

4. OTHER FEES

- Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- Non-English Specification: \$130 fee (no small entity discount)
- 1-month extension of time: \$120 fee (\$60 small entity discount)
- 2-month extension of time: \$450 fee (\$225 small entity discount)
- 3-month extension of time: \$1020 fee (\$510 small entity discount)
- 4-month extension of time: \$1590 fee (\$795 small entity discount)
- 5-month extension of time: \$2160 fee (\$1080 small entity discount)
- Information Disclosure Statement Fee: \$180 fee (no small entity discount)
- Notice of Appeal: \$500 fee (\$250 small entity discount)
- Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
- Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
- Utility Issue Fee: \$1400 fee (\$700 small entity discount)
- Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- Request for Continued Examination: \$790 fee (\$395 small entity discount)
- Other:

Subtotal (4) 1240.00

SUBMITTED BY

Name (Print/Type)	FRANK J. UXA	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750
Signature				Date	2/22/2005